CLAIMS

What is claimed is:

1   1.   A method for managing a medical practice comprising:

2   (a) communicating with a medical practice client user interface over a first

3   communications network;

4   (b) communicating with a payor server over a second communications network;

5   (c) receiving information associated with an event related to a patient from at least

6   one of the medical practice client user interface and the payor server;

7   (d) performing one or more tasks associated with the event;

8   (e) using at least a portion of the information associated with the event to create

9   an insurance claim following completion of the one or more tasks; and

10   (f) automatically and repeatedly interacting with the information associated with

11   the event in connection with the performed tasks by at least one of applying one or more

12   rules in a set of rules and performing transactions with the payor server.

1   2.   The method of claim 1 further comprising verifying the information at least one of

2   before, during, and following performing the tasks associated with the event.

1   3.   The method of claim 1 further comprising the steps of:

2   (g) receiving an error notification; and

3   (h) performing a correcting action in response thereto.

1   4.   The method of claim 3 wherein the performing the correcting action further comprises

2   transmitting an error message denoting an error to the medical practice.

1   5.   The method of claim 3 wherein the correcting action comprises correcting at least one of

2   a typographical error, a formatting error, and incomplete information.

1   6.   The method of claim 3 further comprising generating the error notification.

1   7.   The method of claim 1 further comprising submitting the claim to the payor server over

2   the second communications network.

1   8.   The method of claim 1 further comprising updating the rules in the set of rules.

1   9.   The method of claim 2 wherein the performing of the tasks before the patient visit further

2   comprises the steps of at least one of

3   receiving a request for an appointment,

4   searching for the patient in a patient information database,

5   receiving insurance information,

6   receiving referral information, and

7   receiving a proposed schedule appointment.

1   10.   The method of claim 9 wherein the receiving insurance information further comprises the

2   steps of parsing the insurance information and determining whether the patient is eligible.

1   11.   The method of claim 9 wherein the receiving referral information further comprises

2   defining a referral rule category, an appointment type class, and an intersection of the referral

3   rule category and the appointment type class.

1   12.   The method of claim 2 wherein the tasks performed during the event further comprise at

2   least one of performing check-in tasks and performing check-out tasks.

1   13.   The method of claim 2 wherein the performing of the tasks following the event further

2   comprise the steps of at least one of

3   receiving a claim,

4   scrubbing the claim,

5   assigning a status to the claim,

6   submitting the claim to the payor server,

7   triggering an alarm upon not receiving a response from the payor server,

8   performing claim follow-up tasks, and

9   posting payments.

1   14.   The method of claim 1 wherein the transactions performed with the payor server further

2   comprises at least one of

3   claim submittals,

4   claim receipt acknowledgements,

5   claim status checks,

6   patient eligibility determinations,

7   authorization and referral requests and grants, and

8   remittance advice.

1   15.   A medical practice management system comprising:

2   a medical practice client user interface for communicating with a patient;

3   a payor server for communicating with a payor organization; and

4   a medical practice management server computer in communication with the

5   medical practice client user interface over a first communications network and the payor server

6   over a second communications network to receive information associated with an event related

7   to a patient from at least one of the medical practice client user interface and the payor server,

8   the medical practice management server computer comprising

9   a workflow processing engine performing one or more tasks associated

10   with the event,

11   a rules engine in communication with the workflow processing engine for

12   repeatedly and automatically interacting with the information associated with the event by

13   applying one or more rules in a set of rules to the information in connection with the

14   performance of the one or more of the tasks, and

15   an intelligent transactions relationship module in communication with the

16   workflow processing engine and the payor server for repeatedly and automatically interacting

17   with the information associated with the event by performing transactions with the payor server

18   in connection with the performance of the one or more tasks.

     16.   The medical practice management system of claim 15 further comprising a patient

     information database and an insurance information database.

     17.   The medical practice management system of claim 15 wherein the rules engine further

     comprises a rules database to store the set of rules.

1   18.   The medical practice management system of claim 15 wherein the workflow processing

2   engine further comprises a verifier to verify the information at least one of before, during, and

3   following performing the tasks associated with the event.

1   19.   The medical practice management system of claim 15 wherein the workflow processing

2   engine communicates with a central billing office to generate and submit a claim to the payor

3   server.

1   20.   A medical practice management system comprising:

2   (a) means for communicating with a medical practice client user interface over a

3   first communications network;

4   (b) means for communicating with a payor server over a second communications

5   network;

6   (c) means for receiving information associated with an event related to a patient

7   from at least one of the medical practice client user interface and the payor server;

8   (d) means for performing one or more tasks associated with the event;

9   (e) means for using at least a portion of the information associated with the event

10   to create an insurance claim following completion of the one or more tasks; and

11   (f) means for automatically and repeatedly interacting with the information

12   associated with the event in connection with the performed tasks by at least one of

13   applying one or more rules in a set of rules and performing transactions with the payor

14   server.